

**MENTAL HEALTH DESIGNATION WORKSHEET****PROPOSED SERVICE AREA**

County: \_\_\_\_\_

MSSA #/NAME: \_\_\_\_\_

Census Tract: \_\_\_\_\_

**POPULATION AND PROVIDERS**

Perm Resident Civillian	_____
Seasonal Residents	_____
Effective Tourists	_____
Low Income (200% POV)* <u>0.0</u> %	_____
Poverty Population (100% POV)	_____
Migrant Farm Workers*	_____
Seasonal Farm Workers	_____
Medicaid Eligible*	_____
Homeless	_____
Other	_____
<b>TOTAL ADJUSTED POPULATION</b>	_____

<b><u>Psychiatrists</u></b>	
Total Providers:	_____
Provider FTE:	_____
Pop to Provider Ratio:	_____
a) No High Needs:	<input type="checkbox"/> >=20,000:1 <input type="checkbox"/> >=30,000:1
b) High Needs:	<input type="checkbox"/> >=15,000:1 <input type="checkbox"/> >=20,000:1
<b><u>CMHP***</u></b> (incl. Psychiatrists)	
Total Providers:	_____
Provider FTE:	_____
Pop to Provider Ratio:	_____
a) No High Needs:	<input type="checkbox"/> >=6,000:1 <input type="checkbox"/> >=9,000:1
b) High Needs:	<input type="checkbox"/> >=4,500:1 <input type="checkbox"/> >=6,000:1
<b><u>Nearest Source of Care</u></b>	
Miles:	_____ Minutes: _____
<input type="checkbox"/> Met <input type="checkbox"/> Non-Met <input type="checkbox"/> Frontier	

**Other Information (Check If High Needs)\*\***☐ \_\_\_\_\_ 100% of Poverty Rate (>= 20%)☐ High Prevalence of Alcoholism☐ \_\_\_\_\_ Elderly Ratio (>=0.25)☐ High Prevalence of Substance Abuse\*\*☐ \_\_\_\_\_ Youth Ratio (>=0.6)

\*Low-income/Medicaid Eligible designations require 30% at 200% of poverty.

\*\*Worst quartile of nation, region or state

\*\*\*Core Mental Health Professionals

**MENTAL HEALTH DESIGNATION WORKSHEET**

<b>Proposed Area Name:</b>	<b>Population Center:</b>	<b>Socio-Economic Characteristics of Proposed Area:</b>
		100% Poverty _____ 200% Poverty _____ Ethnic/Racial _____

<b>Contiguous Area is:</b> <b>MSSA #/Name:</b> _____																	
<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West <b>County</b> _____ <b>HPSA I.D.</b> _____																	
<b>Not Available Because:</b> <input type="checkbox"/> <b>HPSA name:</b> _____ <input type="checkbox"/> Overutilized (>2000:1): Ratio <input type="checkbox"/> Excessively Distant (>40 minutes) <input type="checkbox"/> Significant Socio-Economic Differences <input type="checkbox"/> Other Access Barriers	<b>To:</b> _____ <b>Distance by:</b> <input type="checkbox"/> Auto <input type="checkbox"/> Bus <input type="checkbox"/> Other <b>Source:</b> <input type="checkbox"/> Rand McNally Atlas <input type="checkbox"/> Maps-on-us <input type="checkbox"/> Other:																
	<b>Socio-Economic Differences:</b> 100% Poverty _____ 200% Poverty _____ Ethnic/Racial _____																
	<b>Access barrier:</b>																
	<table border="1"> <thead> <tr> <th>Road Type:</th> <th>Miles</th> <th>Minutes</th> </tr> </thead> <tbody> <tr> <td>Interstate 1.33</td> <td></td> <td></td> </tr> <tr> <td>Primary 1.6</td> <td></td> <td></td> </tr> <tr> <td>Secondary 2.0</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		Road Type:	Miles	Minutes	Interstate 1.33			Primary 1.6			Secondary 2.0			Total		
	Road Type:	Miles	Minutes														
Interstate 1.33																	
Primary 1.6																	
Secondary 2.0																	
Total																	
<input type="checkbox"/> <b>This is the Nearest Source of Non-Designated Accessible Care</b>																	

<b>Contiguous Area is:</b> <b>MSSA #/Name:</b> _____																	
<input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West <b>County</b> _____ <b>HPSA I.D.</b> _____																	
<b>Not Available Because:</b> <input type="checkbox"/> <b>HPSA name:</b> _____ <input type="checkbox"/> Overutilized (>2000:1): Ratio <input type="checkbox"/> Excessively Distant (>40 minutes) <input type="checkbox"/> Significant Socio-Economic Differences <input type="checkbox"/> Other Access Barriers	<b>To:</b> _____ <b>Distance by:</b> <input type="checkbox"/> Auto <input type="checkbox"/> Bus <input type="checkbox"/> Other <b>Source:</b> <input type="checkbox"/> Rand McNally Atlas <input type="checkbox"/> Maps-on-us <input type="checkbox"/> Other:																
	<b>Socio-Economic Differences:</b> 100% Poverty _____ 200% Poverty _____ Ethnic/Racial _____																
	<b>Access barrier:</b>																
	<table border="1"> <thead> <tr> <th>Road Type:</th> <th>Miles</th> <th>Minutes</th> </tr> </thead> <tbody> <tr> <td>Interstate 1.33</td> <td></td> <td></td> </tr> <tr> <td>Primary 1.6</td> <td></td> <td></td> </tr> <tr> <td>Secondary 2.0</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		Road Type:	Miles	Minutes	Interstate 1.33			Primary 1.6			Secondary 2.0			Total		
	Road Type:	Miles	Minutes														
Interstate 1.33																	
Primary 1.6																	
Secondary 2.0																	
Total																	
<input type="checkbox"/> <b>This is the Nearest Source of Non-Designated Accessible Care</b>																	

**MENTAL HEALTH DESIGNATION WORKSHEET**

<b>Contiguous Area is:</b> <b>MSSA #/Name:</b> _____																		
<input type="checkbox"/> North	<input type="checkbox"/> East	<input type="checkbox"/> South	<input type="checkbox"/> West															
<b>County</b> _____		<b>HPSA I.D.</b> _____																
<b>Not Available Because:</b> <input type="checkbox"/> <b>HPSA name:</b> _____ <input type="checkbox"/> Overutilized (>2000:1): Ratio <input type="checkbox"/> Excessively Distant (>40 minutes) <input type="checkbox"/> Significant Socio-Economic Differences <input type="checkbox"/> Other Access Barriers		<b>To:</b> _____ <b>Distance by:</b> <input type="checkbox"/> Auto <input type="checkbox"/> Bus <input type="checkbox"/> Other																
		<b>Source:</b> <input type="checkbox"/> Rand McNally Atlas <input type="checkbox"/> Maps-on-us <input type="checkbox"/> Other:																
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Road Type:</th> <th style="text-align: center;">Miles</th> <th style="text-align: center;">Minutes</th> </tr> </thead> <tbody> <tr> <td>Interstate 1.33</td> <td></td> <td></td> </tr> <tr> <td>Primary 1.6</td> <td></td> <td></td> </tr> <tr> <td>Secondary 2.0</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		Road Type:	Miles	Minutes	Interstate 1.33			Primary 1.6			Secondary 2.0			Total		
		Road Type:	Miles	Minutes														
		Interstate 1.33																
Primary 1.6																		
Secondary 2.0																		
Total																		
<b>Socio-Economic Differences:</b> 100% Poverty _____ 200% Poverty _____ Ethnic/Racial _____																		
<b>Access barrier:</b>     																		
		<input type="checkbox"/> <b>This is the Nearest Source of Non-Designated Accessible Care</b>																

<b>Contiguous Area is:</b> <b>MSSA #/Name:</b> _____																		
<input type="checkbox"/> North	<input type="checkbox"/> East	<input type="checkbox"/> South	<input type="checkbox"/> West															
<b>County</b> _____		<b>HPSA I.D.</b> _____																
<b>Not Available Because:</b> <input type="checkbox"/> <b>HPSA name:</b> _____ <input type="checkbox"/> Overutilized (>2000:1): Ratio <input type="checkbox"/> Excessively Distant (>40 minutes) <input type="checkbox"/> Significant Socio-Economic Differences <input type="checkbox"/> Other Access Barriers		<b>To:</b> _____ <b>Distance by:</b> <input type="checkbox"/> Auto <input type="checkbox"/> Bus <input type="checkbox"/> Other																
		<b>Source:</b> <input type="checkbox"/> Rand McNally Atlas <input type="checkbox"/> Maps-on-us <input type="checkbox"/> Other:																
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Road Type:</th> <th style="text-align: center;">Miles</th> <th style="text-align: center;">Minutes</th> </tr> </thead> <tbody> <tr> <td>Interstate 1.33</td> <td></td> <td></td> </tr> <tr> <td>Primary 1.6</td> <td></td> <td></td> </tr> <tr> <td>Secondary 2.0</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		Road Type:	Miles	Minutes	Interstate 1.33			Primary 1.6			Secondary 2.0			Total		
		Road Type:	Miles	Minutes														
		Interstate 1.33																
Primary 1.6																		
Secondary 2.0																		
Total																		
<b>Socio-Economic Differences:</b> 100% Poverty _____ 200% Poverty _____ Ethnic/Racial _____																		
<b>Access barrier:</b>     																		
		<input type="checkbox"/> <b>This is the Nearest Source of Non-Designated Accessible Care</b>																

**MENTAL HEALTH DESIGNATION WORKSHEET****Nearest Source of Care**☐ See previous pages

To: \_\_\_\_\_

Distance by: ☐ Auto ☐ Bus ☐ Other**Source:**☐ Rand McNally Atlas☐ Maps-on-us☐ Other: \_\_\_\_\_

Road Type:	Miles	Minutes
Interstate 1.33		
Primary 1.6		
Secondary 2.0		
Total		

**Applicant Reminders:**☐ Census Map Area/Contig Resources☐ Map Area/Contig Resources☐ FTE Spreadsheet☐ Road Map Area/Contig Resources☐ Map of route to nearest source of care☐ Letter**Applicant Requests:**☐ Designate ☐ Continue ☐ Reinstate**Rational:**☐ Meets criteria☐ Other

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

---



---



---



---



---



---



---



---